

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, the Senate will be in a period of morning business until 11 a.m., with Senators permitted to speak therein for up to 10 minutes each.

Mr. REID. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. ISAKSON. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

TRIBUTE TO LYNN
WESTMORELAND

Mr. ISAKSON. Mr. President, we are reaching that time of year when some of our colleagues will retire, some may be retired without wanting to be retired, and we will have new colleagues coming to the Senate and the House next year. I wish to pause for a moment and pay tribute to a great Georgian who will be retiring at the end of December and who has served our State for six terms in the U.S. House of Representatives—Mr. LYNN WESTMORELAND.

LYNN WESTMORELAND is a true entrepreneur, a native Georgian, a dedicated father, an outstanding businessman, and an unquestioned leader in the House of Representatives. As the ranking member of the Intelligence Committee in the House, he has been instrumental since 9/11, seeing to it that we remain safe in this country and that we have the information we need to make decisions we need to make to keep America safe.

I go back with LYNN WESTMORELAND a long time. I was a realtor in Georgia. I was in the brokerage business for 33 years. I dealt with homebuilders all the time, and one of them was LYNN WESTMORELAND.

Early in his career, he founded his own construction company, called L.A.W. Construction. He was an outstanding homebuilder in Fayette County, GA, and in our State. He built that business to be one of the best building and construction businesses in our State, and I am proud of what he accomplished.

He is also a guy who gives back. So LYNN decided to run for public office. He ran for the Georgia House of Representatives in Fayette County and won. He served 12 years in the Georgia House, rising to Republican leader in the Georgia House of Representatives. He was the leader at the time when, for the first time in history, the Georgia Republican Party went from the minority party to the majority party.

Wherever LYNN has been, he has been a leader and a fighter for what is right for our country and a dynamic leader for our State.

LYNN is married to a beautiful lady named Joan. They have three children and six grandchildren. She has been a great supporter of LYNN. They have been side by side since they first met at the age of 15 and began their 47-year marriage a few years later.

LYNN will be retiring, and we will miss him. We want to say thank you to LYNN for all he has done for Georgia when he was in our legislature and for what he has done for America now in the Congress of the United States. He will be sorely missed, but he will be appreciated always as a man of courage, a man of conviction, a man of commitment, and a true son of Georgia who excelled in the United States of America.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MARKEY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. ROUNDS). Without objection, it is so ordered.

PRESCRIPTION OPIOID AND HEROIN
EPIDEMIC AWARENESS
WEEK

Mr. MARKEY. Mr. President, President Obama has issued a proclamation that this week is Prescription Opioid and Heroin Epidemic Awareness Week.

As the President explained, we pause to remember all those we have lost to opioid use disorder. We stand with the courageous individuals in recovery, and we recognize the importance of raising awareness of this epidemic. In recognition of Prescription Opioid and Heroin Epidemic Awareness Week, I am here with my colleagues to convey the urgency of responding to this crisis.

I want to start my remarks with a story I heard yesterday from a wonderful man named Patrick Byrne. I met yesterday with Patrick, as he was awarded the 2016 Education Award and Hero of the Year Award by the National Association of Letter Carriers. Patrick is from Lynn, MA. He lost his son James Byrne to heroin addiction. Here is his story.

James Byrne lived a fairly normal life in many ways. The son of Lynn, MA, Branch 7 president and Army vet Patrick Byrne, James had a good upbringing and strong family ties. He had a master's degree in computer science and made a good living in IT, but throughout his adult life, James had been hooked on heroin, a drug easily found on Lynn's post-industrial streets. James had periods of sobriety, but circumstances always seemed to steal them from him eventually.

James had enjoyed 7 months clean of drugs when an old friend and fellow ad-

dict called him one day in January of 2014 to beg James to find heroin for him. After first refusing, James gave in and bought some for his friend and apparently couldn't resist using it himself instead. The friend called James on the cell phone over and over as James lay dying of an overdose on the floor of his sister's house just down the street from his father's home. That is where Patrick found him.

After making his story public, Patrick heard from many other letter carriers about their own struggles with addiction, depression, or mental illness in their families. Patrick said: "I was shocked at how many people are dealing with similar problems." Inspired by Patrick's experiences and his efforts to educate fellow letter carriers and the broader public about the need to remove the stigma of addiction, the Postal Service Employee Assistance Program launched the Silent No More Initiative. The program is designed to help postal employees or their families break through the stigma and shame to share personal stories.

I thank Patrick for his leadership and service, and I pray for his family and for all the parents who are relying on hope and strength as they look for the support to achieve long-term recovery. None of us can be silent anymore in the face of this epidemic.

In order to get Patrick and all the families who are suffering the help they need when they need it, the Federal Government needs to invest in funding treatment and recovery programs. So far Congress has failed in this task.

In Massachusetts, I am hearing enormous frustration from people who don't feel adequate resources are being brought to bear on this epidemic of prescription drugs and heroin addiction. Countless individuals and families suffering with addiction cannot find a bed for detox. Then, when they are at their most vulnerable moment in recovery, they cannot find a place or provider for long-term treatment.

In May, Senator SHAHEEN from New Hampshire introduced legislation for \$600 million in emergency funding to combat this crisis. Then again in July, I and others argued on the floor for the need to invest \$1.1 billion into opioid treatment and recovery programs, but both times when Senator SHAHEEN made the case and others joined on the floor asking for additional funding, all of that was blocked so we could not in fact provide real funding that cities and States need to fight this epidemic.

We will not save lives and stop the scourge of addiction with just words and promises. We will not save lives with legislation that pays only lip service to providing treatment. So I stand here during Prescription Opioid and Heroin Epidemic Awareness Week to pledge that I will not stop fighting for funding.

In Boston, there is an area of our city called the Methadone Mile. It is approximately 1 square mile. It is the location of methadone clinics, safety net

hospitals, and homeless shelters. It is also the home to those struggling with addiction, those receiving treatment for addiction, and the litany of saints and angels who are providing the desperately needed services for those suffering from mental health and substance abuse disorders. It is a 1-mile, one-stop shop for hope and ground zero in the battle against addiction in Boston.

Here, in Washington, we are at the epicenter of the Money Mile. It is an area where Big Pharma's lobbyists toil with the task of ensuring that even during the storm of prescription drugs, heroin and fentanyl overdose deaths, the deluge for opioid-based painkillers goes unabated. When pitted against the Money Mile, the Methadone Mile doesn't stand a chance. The Money Mile and its army of Big Pharma lobbyists are the reason mandatory prescriber education is not a law. It is the reason partial-fill prescriptions is not a law. It is the reason the Food and Drug Administration and other Federal agencies and State agencies across our country have not done the job over the years and have in fact been complicit in the worsening of this epidemic.

Without real funding for opioid addiction treatment, the Methadone Mile and all the other areas in cities across this country will continue to drown in overdoses and death.

Our cities are fighting a war, and we need to help them. With that, I will yield the floor to the Senator from Minnesota, AMY KLOBUCHAR, who has worked tirelessly to stem the oversupply of prescription opioid drugs in this country.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Thank you very much, and I thank Senator MARKEY for the work he has done and his passionate words as well as his understanding of the crisis this truly is.

I think one of the ways I can explain it in my State is, every day you turn on the news and you hear about car crashes and you hear about when there is a murder. Well, in the heart of my State, deaths from prescription drug abuse now claim the lives of more Minnesotans than homicides or car crashes. It is a crisis on the rise. According to the department of health in our State, drug overdose deaths among Minnesotans increased 11 percent from 2014 to 2015. Last year alone, 336 people in our State died from overdoses. The Twin Cities has been hit hard by this deadly trend. In Hennepin County, data shows that opioid-related deaths have increased 40 percent since 2006. But we know this is not a crisis confined to our urban areas.

I see Senator SHAHEEN from New Hampshire is here. This is something that has hit hard in her State in rural areas, just like in mine.

In one 7,000-person town in Minnesota, 3 young people died in just 6 months. Another three were hospitalized for heroin overdoses. We know, by

the way, that heroin overdose is no longer separate from prescription drugs. In fact, four out of five heroin users got their start on prescription drugs. They got addicted because someone gave them to them, or they got them out of a medicine cabinet or they went to the emergency room and were given 30 pills and got addicted, or maybe they just went to the dentist to get a wisdom tooth fixed.

These are real stories that are happening all over the country. I was in Montevideo, MN—a smaller town—with some doctors. One of them started to cry at this event, telling the story about how a guy had seen him for back pain over and over and over. The next thing he knew, the Secret Service was in his office telling him that this person had gotten completely addicted and was making threats over the Internet on the lives of elected officials and ended up in prison. He had no idea.

At that same forum, I heard the story of a 12-year-old who was courted by a pusher—a 12-year-old. They came up to him and said: Hey, could you go check your parent's medicine cabinet? They gave him a list of drugs and sent him off. They said: If you come back with those bottles of pills, we will give you a can of beer. That is what is happening in smalltown America.

We passed a bill, the Comprehensive Addiction and Recovery Act. I was proud of the bipartisan work. I was one of the four lead sponsors on that bill. It builds on some of the work we have done to set up a framework. Senator CORNYN and I passed one of the first bills in this area, the drug take-back bill, which allows for drug take-backs in a way that we are now starting to see across the Nation. We were already seeing them, of course, in police departments and public facilities, but this makes it easier for drugstores and pharmacies to take back drugs. Walgreens has announced they are going to be doing this on a national basis. It also makes it easier for long-term care facilities.

Those things are beginning, but we can't end there, not when on one recent National Prescription Drug Take Back Day back in April, over 445 tons of unused drugs were collected. That is 1 day in this country, to give a sense of how many are out there. In the CARA bill, we made it easier to do drug take-backs.

We also increased the availability of naloxone, although I will say on a side-line, Senator MARKEY, one problem with this is the price of naloxone has gone up 1,000 percent by the pharmaceutical company that provides it. So that is another issue we are going to have to deal with. That is, of course, for another day. But I will say that naloxone is something we know can save lives.

For me, the heart of this is trying to go after these prescription drugs at the start, to try to stop people from becoming addicted. I will get to the treatment part in a moment, but we

need to stop the addiction in the first place.

Just this month, one Minnesota newspaper told the story of a man in Duluth who got prescriptions for opioid painkillers from 23 dentists and 15 emergency room physicians in just over 2 years.

Back in May, in Moorhead, I heard the story of another man—this was from a rehab counselor. This guy had filled 108 prescriptions for painkillers from more than 85 different prescribers in Minnesota and in neighboring States.

The Presiding Officer is my neighbor in South Dakota. We see people who go to South Dakota, North Dakota, Minnesota, Iowa, and Wisconsin in search of different doctors whom they can basically dupe into giving them prescriptions because they are addicts. That should not be happening. Doctors should not be giving out these prescriptions. That is why I have introduced a new bill that would require doctors and pharmacies to immediately report when they give out these prescriptions and require physicians to check this list. Many States have these programs in place—prescription drug monitoring programs—but they are voluntary. Not everyone does them. Some States, such as Florida, don't even share their data with the rest of the country. I truly believe the doctors and pharmacists on the frontlines—if they check these, we are going to stop people from getting addicted and get them into treatment the way we should.

That leads me to the next piece, which is treatment itself. I have had many people tell me that they are better off committing a felony to get treatment. Why is that? Well, a lot of States, like mine, have good drug courts, and if you can get into the right program in the drug court, you are going to get treatment and followup and you are going to get the help you need. But a lot of insurance policies are not covering it. There is not treatment available. That is why I support Senator MANCHIN, and I am an original cosponsor of the LifeBOAT Act, which basically places a 1-cent fee on each milligram of active opioid ingredient in a prescription pain pill. That is one good way to pay for treatment, as well as, of course, Senator SHAHEEN's strong bill that appropriates emergency funding to address the drug abuse epidemic with treatment.

We have to remember that only 1 in 10 people who suffer from opioid addiction actually receives the treatment they need.

My State is a big believer in treatment. We use treatment a lot for low-level offenses. We use drug courts a lot. It is one of the reasons we have been able to keep our crime rate at a decent level compared to a lot of other States. That does not mean there is not horrific crime, but we have really focused on treatment.

In my own life, my dad is an alcoholic. He is sober now and happily married at age 88. He stopped drinking a

while back, but he would not have done it without treatment. And that was after three DWIs and a lot of difficulty, but he got through it. From seeing that, seeing my dad climb the highest mountain but fall to the lowest valleys, I believe there is redemption and there is hope. But I don't think that treatment should be limited to just the people who have good insurance or can afford it.

We in this country have created this crisis. Let's be clear. Decisions were made at pharmaceutical companies and everywhere across the country to expand the use of opioids, to tell people they can take 30 pills when maybe they need 1 or none or maybe 2 or 3. These are bad decisions. They were made, and people were duped and they got addicted. The least we can do is give them the treatment so they can get off of it, and then make sure their kids don't get addicted as well.

This is a serious epidemic, and it calls for serious action as well as funding.

I say thank you, to Senator MARKEY.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. MARKEY. Mr. President, I thank the Senator from Minnesota.

Many have already heard these statistics: Our Nation is experiencing more deaths from drug overdoses than from gun violence or auto accidents. Nearly 30,000 people in the United States died from an opioid overdose in 2015. Approximately 1,300 of those were in Massachusetts.

Fentanyl, the drug that killed the musician Prince from the State of the Senator from Minnesota, is flowing in from China and Mexico and is laying waste to our communities. It is 50 times more powerful than heroin and 100 times more potent than morphine. Approximately 2.5 million Americans abused or were dependent on opioids in 2012, but fewer than 1 million received treatment for their condition.

If we do not provide the resources and enact the policies required to change the momentum of this epidemic, we are poised to lose future generations to addiction and death. We need the money for treatment.

With that, I would like to yield the floor to my good friend and great Senator from New Hampshire, who has led the fight here on the Senate floor for funding for opioid use disorder treatment and recovery, Mrs. JEANNE SHAHEEN.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I thank my colleague from Massachusetts, who has seen the same tragedy we are seeing in New Hampshire. I am sad to have to come to the floor again today to join my colleagues, Senator MARKEY and Senator KLOBUCHAR, who have spoken so passionately about our need to address the ongoing heroin and opioid crisis.

Like them and many others, I have been coming to the floor for many

months to describe the terrible toll this crisis is taking on communities across the country. I know the Presiding Officer must see it in his home State because it is happening all across America.

It is ironic that we are here during Prescription Opioid and Heroin Epidemic Awareness Week to once again call on this Congress and the Senate to pass emergency funding to address what is the most pervasive, most destructive, and, I believe, most urgent public health crisis that faces this Nation.

I certainly don't want to minimize the gravity of the other health challenges we are facing in America, especially the Zika outbreak, which I believe is absolutely critical, but by any objective measure, these challenges are dwarfed by the destruction and loss of life that is being inflicted every day by the uncontrolled epidemic of heroin and opioid abuse. This epidemic is raging in all 50 States. It is an uncontrolled public health epidemic of staggering dimensions. In 2014, some 47,000 people died from drug overdoses—far more than the number of Americans who died in motor vehicle accidents the same year.

I am sad to say that New Hampshire is at the epicenter of this epidemic because we have the highest percentage of overdose deaths in the Nation. This year, at the rate we are seeing overdose fatalities, we will lose over 500 people in New Hampshire, a State of about 1.3 million. Estimates are that over 100,000 people in New Hampshire have some sort of substance abuse/misuse issue. The statistics don't even begin to describe the heartbreak and the trauma that is experienced by those who have drug misuse issues and their families. Yet, despite this appalling death toll, despite what the statistics tell us, the Senate has failed to provide emergency funding to first responders and to treatment providers on the frontlines of this crisis.

In July, Congress passed the Comprehensive Addiction and Recovery Act, CARA. I applaud Senator KLOBUCHAR and the other sponsors of that legislation. It is a good, bipartisan bill that passed this Chamber with overwhelming support. I was a cosponsor, and I voted for it. But, as we all know very well, CARA is an authorizing bill, it is not an appropriations bill. The public may not know that because I think there is a lot of confusion about the difference between authorizing and appropriating, but the fact is, we know here in this Chamber that CARA is an authorizing bill and it does not provide one penny to fight the opioid epidemic.

We need to fund CARA. That is probably not going to happen this year and may not happen for several years. We need to put actual resources behind all of our talk about stemming this crisis. Earlier this year, I introduced emergency funding that would provide an additional \$600 million for policing, prevention, treatment, and recovery. I

offered this legislation as an amendment to the CARA bill but sadly it was defeated.

The legislation looks at all of those aspects: prevention, treatment, recovery, and policing because I believe there isn't one magic bullet solution for this issue.

We definitely need more treatment. We need to acknowledge that addiction is a disease. That is a critical part of it, but we also need to do the policing—the long-term recovery. I was at a recovery center in New Hampshire several weeks ago, and one of the women I met there who was in recovery said: You know, getting clean was easy. It is staying clean that is the hard part.

Our Nation has addressed our public health crises with emergency funding bills far larger than the one I proposed. In 2014, Congress passed nearly \$5.4 billion—billion with a “b”—in emergency funding to combat the Ebola outbreak in West Africa. The Ebola outbreak killed one person in America. The heroin and opioid epidemic is killing more than 128 Americans every single day.

We know treatment is the only effective answer to addiction, but people are being turned away from treatment due to lack of resources. Nationwide, in 2013, nearly 9 out of 10 people needing drug treatment did not receive it. It is the same story on the law enforcement side of the equation, a chronic lack of resources.

As Senator KLOBUCHAR pointed out, and as my colleagues from Vermont—who just came to the floor—and Massachusetts understand very clearly, heroin traffickers expressly target rural States and counties where law enforcement is spread too thin and lacks the resources to respond effectively.

Meanwhile, as Congress fails to act, the opioid epidemic is on the verge of expanding dramatically. Carfentanil is a synthetic opioid that is used to tranquilize elephants. It is now available on the streets, blamed for a record surge of drug overdoses in the Midwest.

Carfentanil is 100 times more potent than fentanyl, which, in turn, can be up to 50 times more deadly than heroin. It is one of the synthetic additives to heroin that is causing so many overdose deaths in New Hampshire. Until recently, Hamilton County, OH, had four to five overdoses a day. Now, because of carfentanil, the county is reporting 20 overdoses, 30 overdoses, and sometimes even 50 overdoses a day, completely overwhelming first responders.

Some public health officials say the United States has reached a disastrous inflection point in the opioid epidemic. Going forward, we may be seeing more and more synthetic opioids on the market—cheaper, more potent, more addictive, and even more deadly.

This is just one more wake-up call.

As I travel across New Hampshire and talk to Senate colleagues from across the country, again and again I hear about the lack of resources to marshal an effective, well-coordinated

response. As new and more dangerous opioids hit the streets, this crisis could become exponentially worse. Our failure to act is having tragic consequences.

At long last, let's give law enforcement, let's give treatment providers, and let's give recovery centers the resources they so desperately need. At long last, let's come together. Let's pass an emergency funding bill to combat the opioid epidemic. If we can spend billions to fight Ebola on a distant continent, surely we can allocate \$600 million to combat a raging epidemic right here at home.

When the Senate comes back into session after the election, we will have another opportunity to consider emergency funding to combat this crisis. For tens of thousands of Americans, this is very literally a matter of life and death.

Let's put politics aside. Let's do the job the American people sent us to do. At long last, let's give law enforcement and treatment providers on the frontlines the resources they need to effectively address the opioid crisis.

Thank you to my colleagues from Massachusetts and Minnesota for coming to the floor to once again point out the need we so desperately have.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, I believe we had arranged for Senator GRASSLEY and me to speak at this point.

I see my distinguished colleague on the floor.

Mr. BARRASSO. Mr. President, I have about 8 minutes or 9 minutes of remarks, but I don't see the Senator from Iowa yet. If the Senator from Vermont wishes to speak—

Mr. LEAHY. Mr. President, he wanted me to speak, and then he was going to speak. If I might continue, this will be fairly brief.

EB-5 REGIONAL CENTER PROGRAM

Mr. LEAHY. Mr. President, the reason I have come to the floor today—and I will be joined by Senator GRASSLEY—is to share my concern and his concern about the EB-5 Regional Center Program. The authorization of this program is set to expire at the end of the month, but Senate leadership wants to extend the EB-5 Program as part of the continuing resolution. I want the Senators to know that if this flawed program is not reformed, I believe it should end. I can no longer support a straight extension of the program.

For years, I strongly supported the EB-5 Program. I even championed its reauthorization. I did so because EB-5 was designed to bring in investment and jobs to underserved rural and urban communities. For some time, that is what it did. In my home State of Vermont, communities such as Warren and Vergennes used EB-5 to create and save jobs during difficult economic times. They are EB-5 success stories,

but that was the EB-5 yesterday. The EB-5 Program today is mired in fraud and abuse. It has strayed from its important policy goals. The incentives Congress created to direct investment to underserved areas—the very reason I supported this program—have been rendered meaningless.

The program has become an unintended boon for the wealthiest business districts in the country. Affluent areas now dominate the program. They exploit incentives that were intended for underserved areas, a practice Department of Homeland Security Secretary Johnson has rightly described as gerrymandering. It has reached the point where a luxury hotel in Beverly Hills, CA, qualifies as a distressed urban area. Only in the world of EB-5 is Beverly Hills considered economically distressed.

This type of abuse today is not the exception, it is the rule. Currently, 90 percent of EB-5 capital goes to areas that rely on gerrymandering to qualify as distressed—90 percent. That is why the civil rights community, led by the Leadership Conference on Civil and Human Rights, has so strongly criticized this program.

Far from being a tool for economic development and job creation, EB-5 is now serving as a corporate subsidy for wealthy developers, allowing them to save tens of millions of dollars in financing. It is no wonder these developers fight so hard against reforms that would restore incentives for EB-5 to do what it was supposed to do when it began—promote investment in rural and poor urban areas.

I am not suggesting that affluent areas should never qualify, I am merely suggesting they should not qualify for the unique incentives that Congress intended for underserved communities because these underserved communities have far more trouble attracting capital to create jobs.

Unfortunately, gerrymandering and abused incentives are only part of the problem. In recent years, EB-5 has become riddled with fraud. Review after review—conducted by the GAO, the Inspector General, and by Senator GRASSLEY and me on the Judiciary Committee—have revealed serious vulnerabilities in the program. Investors have been defrauded. They have lost money and their immigration benefits have been put in jeopardy.

Communities that once hoped to benefit from this program have been left to pick up the pieces. From California to Florida, and from Texas to even my home State of Vermont, allegations of fraud have stained this program. Since 2013, the Securities and Exchange Commission has filed dozens of EB-5-related enforcement actions. As of last year, over 50 more Federal investigations were ongoing. Fraud will continue unabated until we give the Department of Homeland Security the tools it needs to guard against abuse.

We have an obligation in Congress to ensure that Federal agencies can do

their job. The Department of Homeland Security has made some administrative improvements to EB-5, but Secretary Johnson has made it clear to both me and Senator GRASSLEY that congressional action is necessary.

For 5 years, I worked with both Democrats and Republicans to reform EB-5. In 2013, I included EB-5 reforms in the Senate-passed comprehensive immigration reform. That received a bipartisan vote of 68 votes in the Senate, but the House of Representatives failed to allow a vote on those reforms. Since then, I have continued to work with Senator GRASSLEY to review and reform the EB-5 Program.

Last year, he and I negotiated far-reaching reforms with our counterparts in the House Judiciary Committee. Senator GRASSLEY and I pushed to have that four corners agreement included in the omnibus appropriations bill at the end of last year. But big city developers still viewed our reforms as a threat to their bottom line, and they have worked aggressively to block our efforts.

Unfortunately, leaders in Congress sided with the developers and extended the EB-5 Program without reform. Senator GRASSLEY and I are not going to relent in our efforts to reform this program.

I see the distinguished Senator from Iowa on the floor. He will be speaking on this, but I would note that at the very beginning of the new year, we worked together to continue a series of public hearings to keep pushing for reform. We are united in our belief that it is unacceptable that Congress has failed to respond to an overwhelming consensus for reform. A full revamping of the program is required. A Band-Aid is not good enough. Powerful corporate interests must not be allowed to derail improvements that can guard against fraud, protect investors, and also help our most distressed communities.

The powerful developers want only “window dressing” reform proposals that do little to change the status quo. We cannot accept so-called reforms that the SEC believes would, in fact, leave holes in enforcement efforts.

Senator GRASSLEY and I, along with our counterparts in both parties in the House Judiciary Committee, have put forward meaningful reforms. These reforms were developed in consultation with the Department of Homeland Security and the SEC. They are tailored to prevent the rampant fraud we are seeing today. They are necessary to save EB-5 from itself.

As the American people learn more about how the EB-5 Program is being abused, the louder the calls will be for its reform or even its termination. I believe we could still fix EB-5, but I cannot support simply extending it yet again. I do not come to this decision lightly, but I cannot support a continuing resolution that leaves these flaws in place. The time has come, either reform EB-5 or get rid of it.

The PRESIDING OFFICER. The Senator from Iowa.